

SERIAL NUMBER 09/428,468	FILING DATE 10/28/99	CLASS 349	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. BELHAJ5
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APPLICANT

SAID O. BELHAJ, COPLAY, PA.

CONTINUING DOMESTIC DATA***

VERIFIED

None

371 (NAT'L STAGE) DATA***

VERIFIED

None

FOREIGN APPLICATIONS***

VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/18/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
Verified and Acknowledged <i>WCS</i>	Examiner's Initials _____ Initials _____				

ADDRESS

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2000 M STREET NW
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WASHINGTON DC 20036-3307

TITLE

BI-DIRECTIONAL SCAN SWITCH MATRIX METHOD AND APPARATUS

FILING FEE RECEIVED \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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10/22/03



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Bib Data Sheet

CONFIRMATION NO. 4691

SERIAL NUMBER 09/428,468	FILING OR 371(c) DATE 10/28/1999 RULE	CLASS 345	GROUP ART UNIT 2675	ATTORNEY DOCKET NO. BELHAJ5	
APPLICANTS SAID O. BELHAJ, COPLAY, PA; ** CONTINUING DATA ***** <i>None, Ann</i> ** FOREIGN APPLICATIONS ***** <i>None, Ann</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/18/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Ann</i> Examiner's Signature <i>None</i> Initials		STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
ADDRESS William H. Bollman Manelli Denison & Selter PLLC 2000 M Street, NW Suite 700 Washington ,DC 20036-3307					
TITLE BI-DIRECTIONAL SCAN SWITCH MATRIX METHOD AND APPARATUS					
FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			